



Mississippi State Board of Funeral Service



Application to Register as a Funeral Director or Funeral Service Resident Trainee **Please allow 3 to 5 days for processing**

- 1) The application must be completed in full, either printed in black ink or typewritten, except where signature is required.
- 2) The application and appropriate fee, \$50.00, must be returned to the address above along with the required supporting documents.
 - a. **Supporting Document:** a copy of a high school diploma, GED, or equivalency.
- 3) All Affidavits and the applicant's statement must be notarized. All Quarterly Reports must be notarized.
- 4) All duly registered Resident Trainees will, upon acceptance, be issued a Trainee Packet and Pocket Certificate. This information is to be used on all correspondence. The packet and future correspondence will be mailed to the address on the application.
- 5) Applicant must be employed at a licensed Funeral Establishment in the State.
- 6) Employment or engagement of Resident Trainee is as follows:
 - a. Funeral Director Resident Trainee must be completed within no less than twelve (12) months and no more than eighteen (18) months.
 - b. Funeral Service Resident Trainee must be completed within no less than twelve (12) months and no more than eighteen (18) months.
- 7) The Resident Trainee, while serving the apprenticeship, will perform a minimum of twenty-five (25) cases for Funeral Service and twenty-five (25) cases for Funeral Director, for each activity required. This must be certified by the Trainee and Preceptor on the Quarterly Training Reports.
- 8) Applicant must serve his/her apprenticeship under an individual licensed by this Board.
 - a. The Funeral Director Resident Trainees may serve under either a licensed Funeral Director or Funeral Service licensee employed full-time at the Establishment where the Trainee is employed.
 - b. The Funeral Service Resident Trainees may serve under a licensed Funeral Service Licensee employed full-time at the Establishment where the Trainee is employed. In the event an Establishment does not have a full-time Funeral Service Licensee, the Trainee must complete two (2) Part V Funeral Home Affidavits. One for the licensed Funeral Director preceptor and one for the licensed Funeral Service preceptor.

- 9) All Resident Trainee registrations expire December 31st. The renewal fee is \$50.00.
 - a. A Funeral Directing Resident Trainee Certificate may not be renewed for more than eighteen (18) consecutive months.
 - b. A Funeral Service Resident Trainee Certificate may not be renewed for more than eighteen (18) consecutive months.

All applicants must be duly registered with the Board before any training can be credited. The final confirmation of acceptance of a Trainee is left to the discretion of the Board.

Each Trainee is held accountable for making sure this office receives timely and accurate records. Any change in the Trainees' apprenticeship must be reported immediately to the Board.

**Mail to: 3010 Lakeland Cove, Suite W,
Flowood MS 39232**

Make check or money order payable to Mississippi Board of Funeral Service

Should you have any questions, please call 601-932-1973.

MISSISSIPPI STATE BOARD OF FUNERAL SERVICE

Application to Register as a Resident Trainee

REGISTRATION APPLYING
FOR:

Funeral Director

Funeral Service

PART I APPLICANT INFORMATION:

Name: Mr/Mrs/Ms : _____ Email: _____

First Middle Last

Address: _____

& Street City State County Zip

Home Phone: () _____ Cell Phone:() _____

SS# : _____ Date of Birth: ___ / ___ / ___ Gender: Male ___ Female ___

Have you served as a resident trainee under a previous registration in this state? Yes ___ No ___

If answered yes, please give dates and complete explanation for not completing: Dates: _____

PART II EDUCATION:

High School or GED Institution: _____

Name that will appear on transcript: _____

Location(City & State): _____

Name of Mortuary Science School: _____

Name that will appear on transcript: _____

Location: _____

Dates Attended: _____ Date of Graduation: _____

PART III EXAM INFORMATION:

Have you taken the National Board Examination? Yes ___ No ___.

** You must have a certified copy of your NBE results sent to the Board directly from The Conference.*

PART IV CRIMINAL HISTORY:

Have you ever been convicted of a felony? Yes ___ No ___. **If answered yes, attach court documents giving complete details as to the charge(s), date(s), place of trial, sentence, or other disposition. Failing to include these documents will increase the processing time for your application.**

PART V APPLICANT AFFIDAVIT:

I am presently employed at _____
Name of licensed funeral establishment FE or BE #

Address _____
& Street City State County Zip

where I have arranged to serve my funeral directing resident traineeship under:

Funeral Directing / Service Licensee FD / FS #

Dated: _____
Signature of Applicant

The above-named person, _____, personally known to me, signed the
Applicant

application in my presence and being duly sworn, states that they have read the above application and that the statements which they made therein are true and correct to the best of their knowledge and belief.

Sworn to and subscribed before me this _____ day of _____ Year _____

My commission expires: _____ Notary Public _____

PART V FUNERAL HOME AFFIDAVIT:

Affidavit of Funeral Directing or Funeral Service Licensee

I, _____, duly licensed for the practice of
Preceptor Name FD or FS License #
funeral directing or funeral service by the Mississippi State Board of Funeral Service hereby certify that
_____ started serving his/her funeral directing resident traineeship
Name of Applicant
under my personal supervision on the _____ day of _____, 20_____,
and he/she has been serving in that capacity since that time. Said resident trainee is employed in
_____ where I am also employed as a funeral directing
Name of Licensed Funeral Establishment
or funeral service licensee.

I hereby certify that the foregoing statements are true and correct and should the above-named resident trainee discontinue his/her traineeship under my personal supervision, I will file with the Secretary of the Board an affidavit showing the length of time served under me. I understand, should the application for registration be accepted, my license may be suspended, or revoked, or I may be placed on a period of probation, for violation of Sections 73-11-41 et. seq. of the Mississippi Code Annotated, 1972, or the rules and regulations of this Board.

MISSISSIPPI _____
County of _____ Signature of Licensee FD/FS License #

The above-named person, personally known to me, signed the application in my presence and being duly sworn, states that he/she read the above application and that the statements which he/she made therein are true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me this the _____ day of _____ 20_____

My Commission Expires: _____
Notary Public

Affidavit of Owner-Co-partner-or Officer of Funeral Establishment

I, _____ of _____
Owner, co-partner, or officer Name of funeral establishment
_____ Street address City County Zip

hereby certify that _____ is now in my employ, having

Name of applicant
entered such employment on the _____ day of _____, Year _____.

I believe them to be of good moral character and I hereby recommend them to the Mississippi State Board of Funeral Service as worthy to registered as a resident trainee for the practice of funeral directing.

Mississippi _____
County of _____ Signature of owner, co-partner, of officer

The above-named person, personally known to me, signed the application in my presence and being duly sworn, states they have read the above application and that the statements which they made therein are true and correct to the best of their knowledge and belief.

Sworn to and subscribed before me this the _____ day of _____ Year _____

My Commission expires: _____
Notary Public